INTER LIBRARY LOAN REQUEST FORM

Borrower's Name _K Cochrane Carlson_   **Org. or A.U.** _1653_   **Phone** _308-0034_

Serial Number _08/009/878177_   **Date of Request** _4-27_   **Date Needed By** _ASAP_

Please Attach Copy Of Abstract, Citation, Or Bibliography, If Available. Please Provide Complete Citation. Only One Request Per Form.

Author/Editor:	Prasad
Journal/Book Title:	Oncogene
Article Title:	
Volume (Issue):	9
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Year of Publication:	1994
Publisher:	
Remarks:	No legal size paper please. Please provide Exact Publication date.

pub issue date 2/1994 11:38
need 2/8

STIC Use Only

Accession Number: _____

LIBRARY ACTION	LC		NAL		NIH		NLM		NBS		PTO		OTHER	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Local Attempts														
Date														
Initials														
Results														
Examiner Called														
Page Count														
Money Spent														

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1st & 2nd denotes time taken to a library

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INTER LIBRARY LOAN REQUEST FORM

Borrower's Name: *K Cochrane Carlson* Org. or A.U.: **1653** Phone: **308-0034**

Serial Number: **08/209/878117** Date of Request: **4-27** Date Needed By: **ASAP**

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Author/Editor:	*Rao*
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Article Title:	
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